

SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT

**Policy 1400
Level A**

PUBLIC CONCERNS FORM CONCERNING PERSONNEL

Complainant:

Name: _____

Mailing Address: _____

Telephone: _____ Date Filed: _____

Supervisor/Administrator: _____

Building/Department: _____

Description of Concern & Name of Person for whom complaint is being made against:

Remedy Sought by Complainant: _____

Reason for Dissatisfaction with Informal Steps at Level A: _____

Signature of Complainant

Date